



***“THE DOG ATE MY PRESCRIPTION!”***  
***DRUG-SEEKING BEHAVIORS***  
***EVERY NURSE SHOULD KNOW***

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# What's the Problem?




- ***Los Angeles Times* (2010):**
  - 57% of drug overdoses involved prescription drugs
  - 74% of these involved pain meds like Oxycontin & Percocet
  - 77% involved pain meds combined with a benzodiazepine
  - >74% of all prescription deaths were accidental
  - The opioid family were often implicated in fatal drug cocktails



# What's the Problem?

- Addiction affects 10% - 15% of the general population
- In 2010, ER visits **tripled** due to misuse of ADHD prescription medications
- The National Boards of Pharmacy reports that over 10,000 websites sell prescription drugs; 97% operate out of compliance with pharmacy laws



**CHILDREN + DRUGS = RISK**

Only 4.7% of children who abuse prescription drugs get them from a stranger, drug dealer, or the Internet.

NADDI  
projectdrugdrop.com



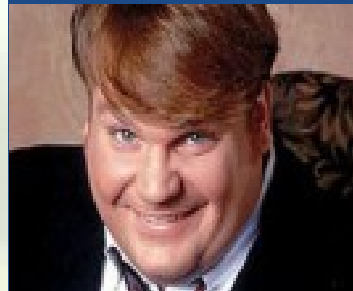
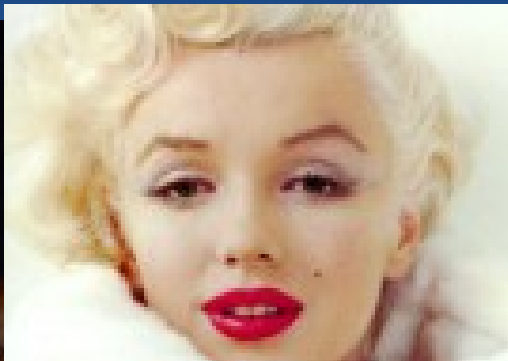
# What's the Problem?

- Rate of prescription painkiller abuse (particularly Vicodin, Valium, & Oxycontin) among teens is 40% higher than in previous generations – painkillers are now the 2<sup>nd</sup> most common type of illegal drug use (behind marijuana)
- Research shows a 129% increase in ER visits between 2004 and 2009
- More than 500% increase in the treatment of addiction to prescription opioids from 1997 to 2007
- A three-fold increase in accidental overdose deaths between the 1990s and 2007.





# Celebrity Deaths Due to Prescription Drug Abuse





# Causes/Risk Factors for Prescription Drug Abuse & Addiction

- Genetics
- Pleasure/thrill seeking
- Younger age, specifically the teens or early 20s
- Dysfunction in life (job, family, marriage, etc.)
- Stress in personal/work life
  - Abuses as a coping mechanism
  - Abuses for increased alertness & work performance



# Causes/Risk Factors for Prescription Drug Abuse & Addiction

- Past or present addictions to other substances, including alcohol
- Certain pre-existing psychiatric conditions
- Exposure to peer pressure or a social environment where there's drug use
- Lack of knowledge about prescription drugs
- Reduce appetite / increase metabolism



## Why Has Prescription Drug Abuse Increased Over the Last 20 Years?

- Myth that prescription drugs are a “safe” high
- Greater availability
  - The number of hydrocodone & oxycodone products prescribed legally increased from ~40 million in 1991 to ~180 million in 2007.
  - Drugs are easily accessible in people’s medicine cabinets or health care settings
- To get an “edge” or improve performance





# Older Adults & Prescription Drug Abuse

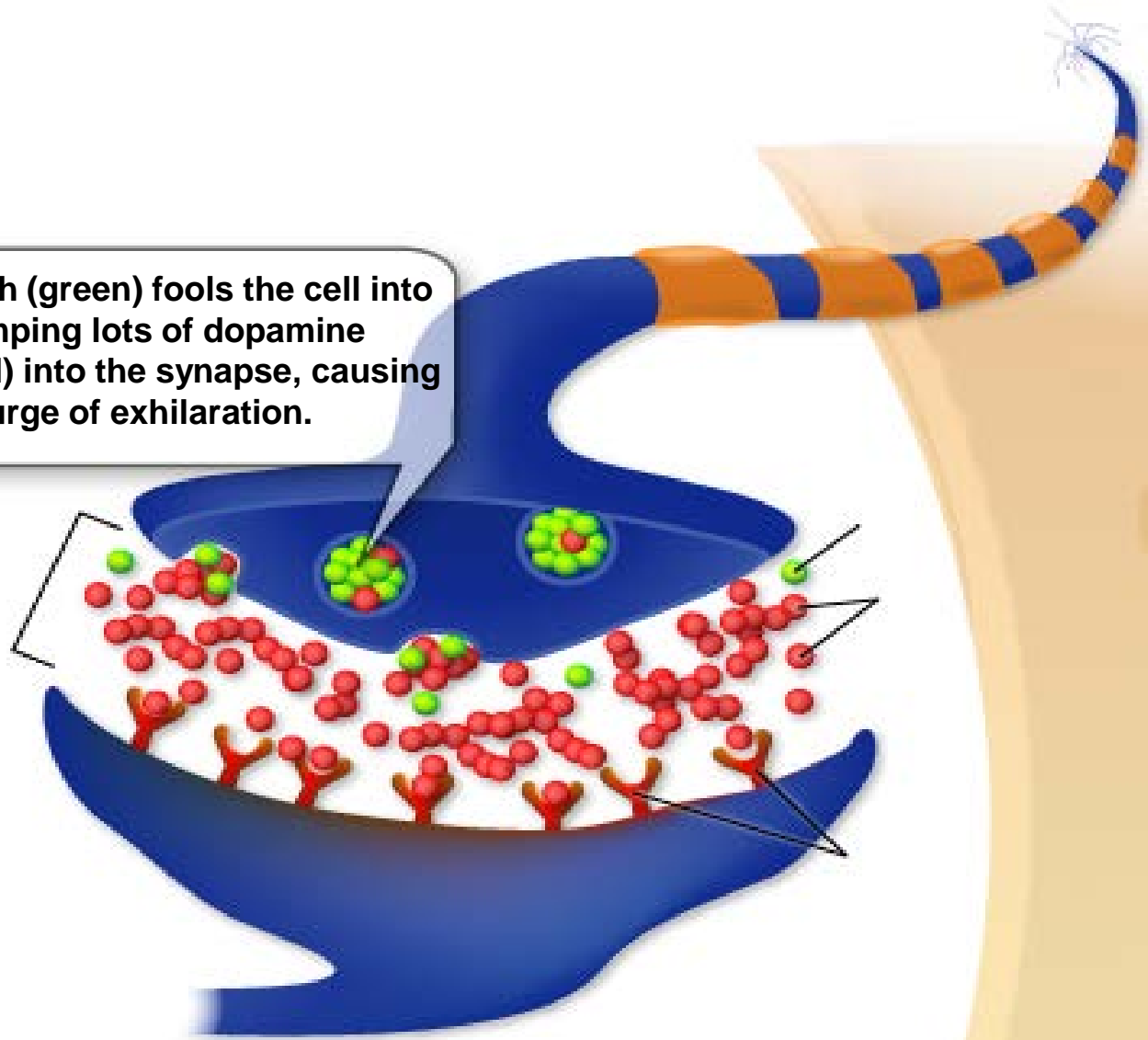
- Prescription drug abuse in older adults is a growing problem. Having multiple health problems and taking multiple drugs can put seniors at risk of misusing drugs or becoming addicted, especially when they combine drugs with alcohol.



# The Physiology of the High

**All drugs of abuse  
activate the  
dopamine system  
in the reward  
pathway.**

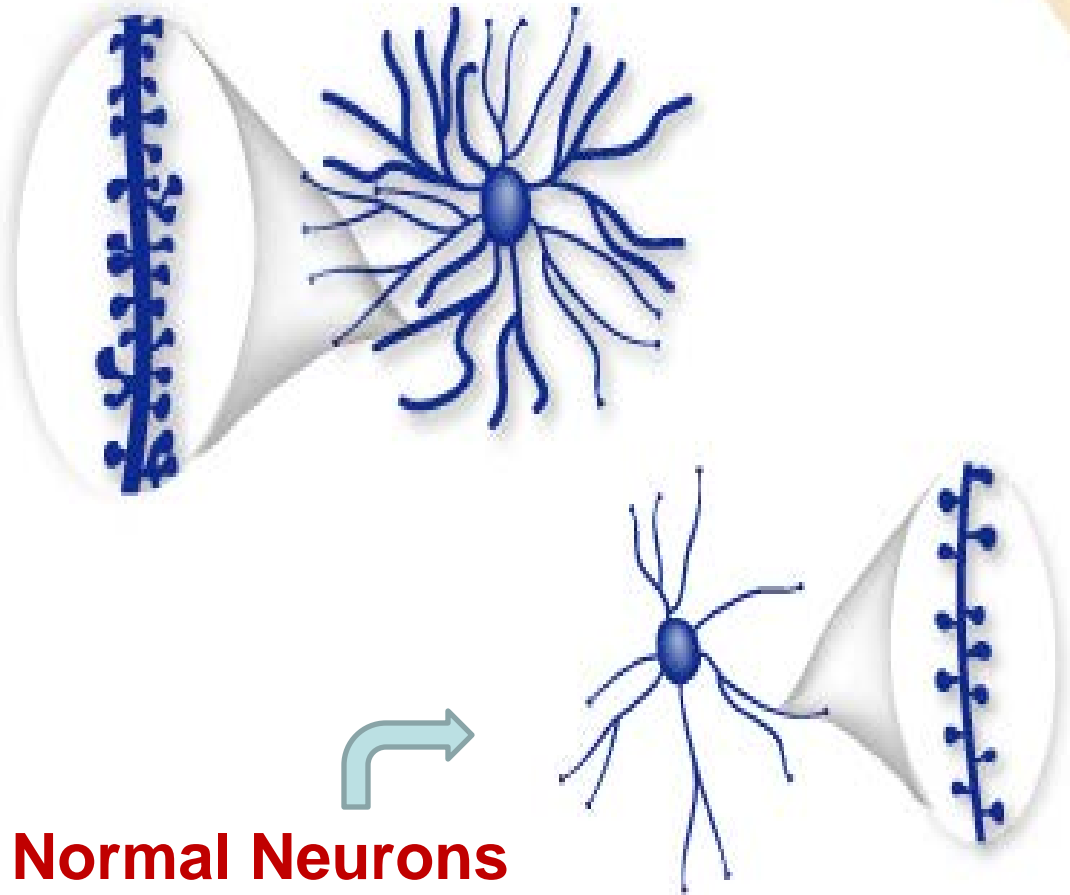
**Meth (green) fools the cell into  
dumping lots of dopamine  
(red) into the synapse, causing  
a surge of exhilaration.**





## Methamphetamine-Addicted Neurons

Neurons outside of the reward pathway in meth-addicted brains have longer, thicker dendrites than those from a non-addicted brain.



Normal Neurons



# Potential Problems Associated with Prescription Drug Abuse

- **Opioids**
  - Examples: Oxycontin, Vicodin, Demerol
- **Derivatives in OTC meds**
  - Example: Dextromethorphan (DMX)
- **Central Nervous System Depressants**
  - Examples: Xanax, Nembutal, Valium
- **Stimulants**
  - Examples: Adderral, Adipex





# Social Perception of an Addict





# Reality of an Addict or Prescription Drug Abuser





# States Where Opioid Prescribing is Highest

1. Nevada
2. Delaware
3. Florida
4. Kentucky \*
5. Tennessee
6. Arkansas
7. West Virginia
8. Utah
9. Alabama
10. South Carolina



# Signs of Drug-Seeking Behavior

- Making an appointment with two different MDs or APNs within a short period of time and obtaining the same or a similar prescription for the same ailment
- Deliberately injuring themselves before their visit to the MD/APN or local hospital
- Requesting a “replacement” prescription by claiming they are visiting from out of town and have inadvertently left their legitimate prescription at home





# Signs of Drug-Seeking Behavior

- Requesting a “replacement” prescription for medication that is allegedly lost or stolen but there is no proof of such occurrence
- Cutaneous signs of drug abuse - skin tracks and related scars on the neck, axilla, forearm, wrist, foot and ankle. Such marks are usually multiple, hyper-pigmented and linear. New lesions may be inflamed. Shows signs of "pop" scars from subcutaneous injections.





# Signs of Drug-Seeking Behavior

- Paying cash for a consultation / examination when the patient has medical insurance
- The patient resides in a city or county that is different from that of the doctor's office
- Requesting a certain brand or dosage of a drug at an office visit; reluctant to try a different drug
- Lack of medical records



# Signs of Drug-Seeking Behavior

- At follow-up or return appointments, the patient seeks to have the MD/APN increase the number of tablets that are prescribed monthly
- An unemployed patient who can nevertheless afford expensive prescription medication
- Pressures the MD/APN by eliciting sympathy or guilt or by direct threats
- Utilizes a child or an elderly person when seeking pain medication



# Signs of Drug-Seeking Behavior

- Lack of referral from another healthcare provider
- Refusal to provide information about their previous MD/APN
- Generally has no interest in diagnosis - fails to keep appointments for further diagnostic tests or refuses to see another practitioner for consultation





# Signs of Drug-Seeking Behavior

- Feigns physical problems, such as abdominal or back pain, kidney stone, or migraine headache in an effort to obtain narcotic drugs
- Feigns psychological problems, such as anxiety, insomnia, fatigue or depression in an effort to obtain stimulants or depressants
- May show unusual knowledge of controlled substances and/or gives medical history with textbook symptoms



# Signs of Drug-Seeking Behavior

- The patient appears nervous or in a hurry to secure the prescription & exit the office/hospital as quickly as possible
- Unusual appearance - extremes of either sloppy-dressed or being over-dressed
- May exaggerate medical problems &/or simulate symptoms
- May exhibit mood disturbances, suicidal thoughts, lack of impulse control, thought disorders, &/or sexual dysfunction



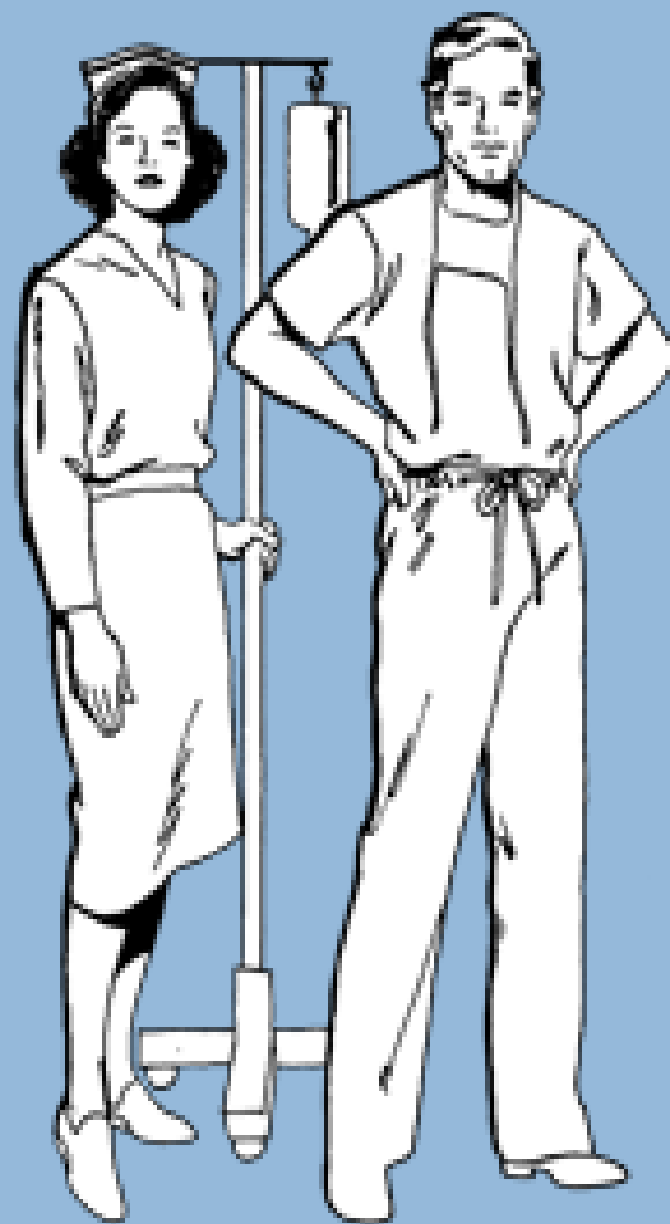
# Signs of Drug-Seeking Behavior

- Assertive personality; demands to be seen right away
- Wants an appointment toward end of office hours
- Calls or comes in after regular hours
- They request parenteral medication
- Complain of  $>10$  out of 10 pain scale
- States that specific non-narcotic analgesics do not work or that he/she is allergic to them

Allergic to ibuprophen,  
toradol, tylenol  
and dilauded?

Morphine works great?

I bet it does.







# Many prescription medications are involved in MD/APN shopping & abuse

## Common meds :

- Xanax (alprazolam)
- Ativan (lorazepam)
- Klonopin (clonazepam)
- Percocet, Percodan, OxyContin  
Roxicodone (oxycodone)
- Vicodin (hydrocodone)
- Valium (diazepam)

## Common meds:

- Ambien (zolpidem)
- Demerol (meperidine)
- Morphine
- Tramadol
- Duragesic and Actiq (fentanyl)
- Palladone and Dilaudid (hydromorphone)



**“Trinity”**  
**Xanax**  
**Soma**  
**Hydrocodone**

**“Holy Trinity”**  
**Xanax**  
**Soma**  
**Oxycontin**



# What You Should Do When Confronted by a Suspected Drug Abuser

## DO:

- Perform a thorough examination appropriate to the condition.
- Document examination results and questions you asked the patient.
- Request picture I.D., or other I.D. and Social Security number. Photocopy these documents and include in the patient's record.



# What You Should Do When Confronted by a Suspected Drug Abuser

## DO:

- Call a previous practitioner, pharmacist or hospital to confirm patient's story.
- Confirm a telephone number, if provided by the patient.
- Confirm the current address at each visit.
- Write prescriptions for limited quantities.





# What You Should NOT DO When Confronted by a Suspected Drug Abuser

## DON'T:

- “Take their word for it” when you are suspicious. Listen to your instincts!
- Prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship.
- Dispense drugs just to get rid of drug-seeking patients.



# How Do I Recognize a Drug Impaired Co-Worker?

- Work absenteeism –absences without notification and an excessive number of sick days used
- Unreliability in keeping appointments and meeting deadlines
- Frequent disappearances from the work site, having long unexplained absences, making improbable excuses and taking frequent or long trips to the bathroom or to the stockroom where drugs are kept



# How Do I Recognize a Drug Impaired Co-Worker?

- Excessive amounts of time spent near a drug supply. They volunteer for overtime and are at work when not scheduled to be there.
- Work performance which alternates between periods of high and low productivity and may suffer from mistakes made due to inattention, poor judgment and bad decisions.



# How Do I Recognize a Drug Impaired Co-Worker?

- Confusion, memory loss, and difficulty concentrating or recalling details and instructions.
- Ordinary tasks require greater effort and consume more time.
- Interpersonal relations with colleagues, staff and patients suffer.
- Rarely admits errors or accepts blame for errors or oversights.





# How Do I Recognize a Drug Impaired Co-Worker?

- Heavy "wastage" of drugs
- Sloppy recordkeeping, suspect ledger entries and drug shortages
- Inappropriate prescriptions for large narcotic doses
- Insistence on personal administration of injected narcotics to patients



# How Do I Recognize a Drug Impaired Co-Worker?

- Progressive deterioration in personal appearance and hygiene
- Uncharacteristic deterioration of handwriting and charting
- Personality change - mood swings, anxiety, depression, lack of impulse control, suicidal thoughts or gestures



# How Do I Recognize a Drug Impaired Co-Worker?

- Wearing long sleeves when inappropriate
- Patient and staff complaints about health care provider's changing attitude/behavior
- Increasing personal and professional isolation



# Arkansas Prescription Drug Monitoring Program & FDA Panel Discussion

- AR is implementing a Prescription Drug Monitoring Program (PDM) that will monitor prescribing for controlled meds – begins Summer 2013
- A Food & Drug Administration (FDA) advisory panel is calling for tighter prescription controls on hydrocodone products to curtail abuse, misuse, and diversion of these pain meds.
  - Their recommendation is to move these meds from Schedule III to Schedule II.





# Questions & Comments





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